

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="text-align: center; font-family: cursive;">09901279</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9	/						59						
10		/					60						
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13		/					63						
14		/					64						
15	/						65						
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18	/						68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	14	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	23						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS